FUKM 1-1	RM 1-1
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(Rel.53-8/92 Pub.605)

See 37 CFR 1.67.

1_7

	PATENT
Attorney's Docket No. <u>INTT3/POUS</u>	
COMBINED DECLARATION AND POWER (OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPL CONTINUATION OR CIP)	EMENTAL, DIVISIONAL,
As a below named inventor, I hereby declare that:	
TYPE OF DECLARATION	
This declaration is of the following type: (check one applicable	item below)
X original	
design	
supplemental	
NOTE: If the declaration is for an International Application being filed as a tion-in-part application do not check next item; check appropriate or	
national stage of PCT	
NOTE: If one of the following 3 items apply then complete and also attach CONTINUATION OR CIP.	ADDED PAGES FOR DIVISIONAL,
divisional	
continuation	
continuation-in-part (CIP)	
INVENTORSHIP IDENTIFICATION	N
WARNING: If the inventors are each not the inventors of all the claims a the ownership of all the claims at the time the last claimed inventor.	
My residence, post office address and citizenship are as state believe I am the original, first and sole inventor (if only one naminal, first and joint inventor (if plural names are listed below) of claimed and for which a patent is sought on the invention entitled.	ne is listed below) or an origor the subject matter which is
TITLE OF INVENTION	
INTEGRATED CIRCUIT PROBE CARD INSPECTION SYSTE	М
•	
SPECIFICATION IDENTIFICATIO	N
the specification of which: (complete (a), (b) or (c))	
(a) is attached hereto.	
(b) was filed on as Se	erial No. 0 /
or Express Mail No., as Serial No. not yet known and was amended on	
NOTE: Amendments filed after the original papers are deposited with the not accorded a filing date by being referred to in the declaration volved are those filed with the application papers or, in the case those amendments claiming matter not encompassed in the original papers.	n. Accordingly, the amendments in- o of a supplemental declaration, are

(Declaration and Power of Attorney [1-1]—page 1 of 4)

	(c)		was	described	_and	claimed	in	PCT	Internatio	nal	Applic	ation	No.
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						(Decial all	ni ai	iu FOW	ei oi Attor	ney []	Jaye 2	01 4)

(Rel.53-8/92 Pub.605) FORM 1-1

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Warren A. Sklar

Mark D. Saralino

Don W. Bulson

Reg. No. 26,373

Reg. No. 34,243

Reg. No. 28,192

(check the following item, if applicable)

Attached as part o	f this declara	atio	n and p	ower	of attor	ney is the au	ıthoriz	ation	10
the above-named	attorney(s)	to	accept	and	follow	instructions	from	my	re-
presentative(s).									

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Warren A. Sklar
RENNER, OTTO, BOISSELLE & SKLAR
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(216) 621-1113

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 at SIGNATURE(S)

Full name of sole or first	Inventor Rodney E. Schwartz
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CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

X	Signature for third and subsequent joint inventors. Number of pages added
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. <i>Number of pages added</i>
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. <i>Number of pages added</i>
	* * *
	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
	□ Number of pages added
	Authorization of attorney(s) to accept and follow instructions from representative
	Authorization of attorney(s) to accept and follow instructions from representative
	• • •
	If no further pages form a part of this Declaration then end this Declara-
	tion with this page and check the following item
	This declaration ends with this page

(Declaration and Power of Attorney [1-1]—page 4 of 4)

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Inventor's signature		
Date	Country of Citizenship	
Residence		
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Full name of fifth join	t Inventor, if any	
=	Country of Citizenship	
Residence		
Post Office Address		